

FILED JUL 15 1957

STANDARD CERTIFICATE OF DEATH

20012
STATE FILE NUMBERRegistration District No. 27Primary Registration District No. 5096Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt Pleasant Twp.</u>		c. CITY <u>RFD Appleton City</u> OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Tree Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>Hudson Twp.</u>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Elisah</u> Last <u>Blevens</u>		4. DATE OF DEATH Month <u>June</u> Day <u>2</u> Year <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 31 1875</u>
9. AGE (In years last birthday) <u>81</u>		10. FUNDING YEAR Months <u>8</u> Days <u>1</u> Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>general farming</u>	
11. BIRTHPLACE (City and state or country) <u>Bates Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Riley Blevens</u>		13b. MOTHER'S MAIDEN NAME <u>Mille-----</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Jim Wix- Appleton City RFD Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart failure.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Auricular fibrillation</u> <u>Chronic nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4200</u>	
20c. TIME OF INJURY Hour <u>5PM</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Butler Missouri</u>	
21. I attended the deceased from Death occurred at <u>July 1, 1940 to June 2, 1957</u>		21. I saw him alive on <u>June 1, 1957</u>	
22a. SIGNATURE (Degree or title) <u>R. L. Husman M.D.</u>		22b. ADDRESS <u>Butler Missouri</u>	
22c. DATE SIGNED <u>6/3/57</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/5/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Meyer Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bates Co Missouri</u>	
24. FUNERAL DIRECTOR <u>Culver Underwood-Butler Mo</u>		25. DATE RECD. BY LOCAL REG. <u>June 10-57</u>	
26. REGISTRAR'S SIGNATURE <u>Rendell Kersey</u>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmers' Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

John G. Henderson
Licensed Embalmer No. 35875
P. O. Address *Bethel, N.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.